In the Specification:

Please replace paragraph [0031] with the following:

Referring now to FIG. 1, there are illustrated a defibrillator 10 and leads 15 and 16, making up the ICD type system. The leads shown are illustrative, it being noted that other specific forms of leads are within the scope of this invention. Ventricular lead 16 as illustrated has, located adjacent to the distal end, an extendable helix electrode 26 and a ring electrode 24, the helix electrode being mounted retractably within an insulative head 27. Electrodes 24 and 26 are used for bipolar ventricular pacing and for sensing ventricular depolarizations. While electrodes 24 and 26 may be used for bipolar pacing and sensing, electrode 26 may be used in conjunction with the surface of device casing ~~4011~~, which surface acts as a common or indifferent electrode in what is termed unipolar operation. Ventricular lead 16 also carries a coil electrode 20, sometimes referred to as the RV (right ventricular) coil, for delivering defibrillation and/or cardioversion pulses. Coil electrode 20 is positioned on lead 16 so that when the distal tip is at the apex of the ventricle, coil 20 is positioned in the right ventricle. Lead 16 may also carry, optionally, an SCV coil 30, positioned in the subclavian vein, which can be used for R wave sensing and/or applying cardioversion pulses. Lead 16 carries respective concentric coil conductors (not shown), separated from one another by appropriate means such as tubular insulative sheaths and running the length of the lead for making electrical connection between the ICD device 10 and respective ones of electrodes 20, 24, 26 and 30.

Please replace paragraph [0077] with the following:

To account for variations created by time zones, the present physical location of the patient is determined (750). If the patient's location is the same as the programmer's location, there is no discrepancy. If they are located in

different time zones, the time zone shift is noted. Subsequently, the physical location of the patient during the period of data collection for the IMD 465 is determined (760). Again, if time zones changes occurred, the amount of shift is noted. To make these determinations, any number of mechanisms may be utilized. The simplest is to simply ask the patient their current location, if they have spent time in other times zones and if so, the date. Automated means such as incorporating a GPS unit into the IMD 465 could also be used.

Please replace paragraph 79 with the following:

FIG. 8 illustrates one method of implementing the correction factor (745). Here, the data is received uncorrected/unmodified from the IMD 465. Once received within the programmer 400, the proper correction factor(s) is identified (800). The correction factor is either identified from an earlier interrogation session or from a time correlation (e.g., FIG. 7) that was just performed for the IMD 465. For example, if the only effect monitored is drift, the correlation could be done at the first interrogation session and the correction factor could then be utilized for subsequent interrogations. Performing the calibration with each interrogation allows for various other factors to be monitored and would also note variations in drift, should they occur.

Please replace paragraph [0081] with the following:

FIG. 9 illustrates another method of programming the correction factor (745). After the various measurements via the programmer are taken to determine what the correction factor(s) is, software instructions are generated (820) to modify the IMD. These instructions are sent (825) to the IMD (465) where they are accepted and implemented (830). Any time data then subsequently sent out from the IMD (465) is modified (835) by the software instructions. For example, while drift still occurs, it is the software within the IMD

(465) that correlates the time data to the reference time based on the correction factor. Likewise, lost time is accounted for within the IMD (465) as are time zone shifts. The IMD output will subsequently be corrected for drift (assuming constant drift). It is also possible to implement a correction for lost time wherein the IMD adds a predetermined amount of time, in sequence, each time specific therapies are delivered that lower the voltage to the clock circuit. This would be based on an understanding of how much time is lost based on each type of event, which could be measured during the correlation process. Generally, time zone shifts will be corrected during interrogation unless the IMD is provided with a GPS or similar system.

Please replace paragraph 85 with the following:

Once the oscillator correction factor is determined (or bypassed), drift is measured (870), in the manner previously described. Lost time (if any) is identified based on the occurrence of therapies that would cause the voltage to the clock circuit to be lowered to a point where the clock circuit slows significantly or provides no output. Thus, such therapy events are identified (875). At (880), a determination is made if time was lost. If so, a correction factor is determined (885) as previously described. Optionally, the correction factor could include a predictive model that relies on averaged therapy data. Specifically, an average amount of time lost over a given period is determined (890) and an averaged correction factor is generated (895). This correction factor can be programmed into the IMD 465 in an effort to average out lost time and bring the time data output from the IMD 465 closer to the reference time. Of course, a more accurate method involves the IMD 465 adding the actual lost time to its own data each time such a therapy is delivered.